| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155153 | A. BUILDING _____ B. WING _____ | C 03/17/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **HEALTHWIN** | **20531 DARDEN RD SOUTH BEND, IN 46637** |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS | F 000 | | |

This visit was for the Investigation of Complaint #IN00145887.

This visit was in conjunction with a PSR (Post Survey Revisit) to the Investigation of Complaint #IN00142013 completed on 02/20/14.

Complaint #IN00145887 - Substantiated, no deficiencies related to the allegation area cited

Survey dates: March 14 and 17, 2014

Facility number: 000073
Provider number: 155153
AIM number: 10028820

Survey team:
Julie Wagoner, RN TC
Deb Kammeyer, RN
Lora Swanson, RN (03/17/14)

Census bed type:
SNF/NF: 135
Total: 135

Census payor type:
Medicare: 31
Medicaid: 85
Other: 19
Total: 135

Sample: 04

Healthwin was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Investigation of Complaint #IN00145887.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| F 000 | Continued From page 1<br><br>Quality Review completed on March 21, 2014, by Brenda Meredith, R.N. | F 000 | | |